



KATE CORBETT SUMMONS	DOCKET NUMBER	Essex District Attorney's Office
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SESSION: JURY OF SIX

NAME, ADDRESS AND ZIP CODE OF DEFENDANT
[REDACTED]

NAME, ADDRESS AND ZIP CODE OF WITNESS

Kate Corbett
C/O Dph State Laboratory Institute
305 South Street
Jamaica Plain, Ma 02130

TSH/tl

NAME AND ADDRESS OF COURT DIVISION

Ipswich District Court at Newburyport
Rte 1 Traffic Circle
Newburyport, MA 01950

DATE AND TIME OF APPEARANCE
03/21/2012 8:45 AM

OFFENSE(S)
OUI/LIQUOR c90 §24(1)(a)(1)

YOU
APPLY
THIS COURT
ADDRESS ON
THE DATE AND
TIME
SPECIFIED
HERE

TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:

You are hereby commanded to forthwith serve the annexed summons upon the witness named within by delivering it to the witness personally, or by leaving it at the dwelling house or usual place of abode of the witness with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the witness.

NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

TO THE ABOVE NAMED WITNESS:

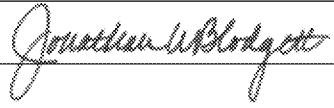
You are hereby ordered to appear in this Court on the appearance date noted above to give evidence and testify on behalf of the Commonwealth in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:

WARNING TO WITNESS:

Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. **PLEASE BRING THIS DOCUMENT WITH YOU TO COURT.**

ATENCION:

Esta es una notificación oficial de la corte.
Si usted no sabe leer inglés, obtenga traducción!

WITNESS:	District Attorney Jonathan W. Blodgett	Date Issued 03/15/2012	
I hereby certify that I served the within summons upon the above named Witness by <input type="checkbox"/> Delivering a copy of it personally to the witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the witness with a person of suitable age and discretion residing therein. <input type="checkbox"/> Mailing a copy of it to the last known address of the witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service because: _____ DATE RECEIVED _____			
DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE	